

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Globe
 Town of Globe
 or
 City of Globe

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139
 County Registrar No. _____
 Local Registrar No. 240

2. Full name of child Virginia Louise Sliskovich
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other. _____
 5. No., in order of birth. _____
 6. Legitimate? yes
 7. Date of birth 11-16-27
 Month Day Year

8. FATHER
 Full name Mark Sliskovich,

14. MOTHER
 Full maiden name Julia Suob-

9. Residence (Usual place of abode)
 If non-resident, give place and state. Globe, Ariz

15. Residence (Usual place of abode)
 If non-resident, give place and state Globe, Ariz

10. Color or race white
 11. Age at last birthday 38 (Years)

16. Color or race white
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Austria
 (State or country)

18. Birthplace (city or place) Gallup-New Mexico
 (State or country)

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 2
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead 0
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:45 PM on the date above stated
 (born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature]
 Address Box 636, Globe, Ariz
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Filed 11-30-27 W. K. Hov
 Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

528-1116-122